

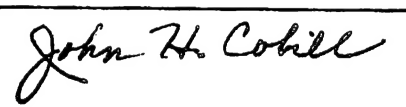
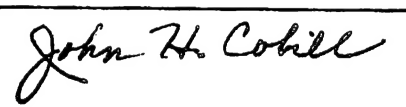
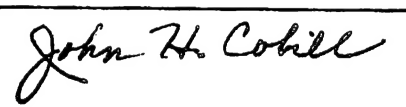


70943

 0000353047 Form R-309 07012014	 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>	State File # <b>2019 003883</b>				
Information necessary for the Certificate of Death has been completed for:						
<b>DECEDENT</b>	Decedent Name <b>MCDERMOTT, KATHLEEN L</b> Place of Death <b>49 BOSTON ROAD, SOUTHBOROUGH, MA</b> Date of Death <b>JANUARY 23, 2019</b> Date of Birth <b>OCTOBER 20, 1950</b> Sex <b>FEMALE</b> Residence <b>49 BOSTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b> If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____					
<b>CERTIFIER</b>	Certifier <b>NICHOLAS M MASCOLI III, MD</b> Lic # <b>77443</b> Addr. <b>2000 WASHINGTON STREET, NEWTON, MASSACHUSETTS 02462</b> Immediate Cause of Death <b>ACUTE ABDOMINAL PAIN</b>					
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:						
<b>DISPOSITION</b>	Funeral Licensee/Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b> Facility <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b> Disposition Type <b>CREMATION</b> Date of Disposition <b>JANUARY 28, 2019</b> Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>					
<b>Endorsements</b>						
<b>PERMIT</b>	Registry of Vital Records and Statistics State Tracking # <b>003883</b> Date <b>JANUARY 25, 2019</b>	Board of Health/Agent for: <b>SOUTHBOROUGH</b> Local Permit # <b>E-PERMIT</b> Date _____ Name of Agent _____				
<b>CONFIRMATION</b>	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           Place of Disposition (Facility Name and Address)  <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b> </td> <td style="width: 50%;">           Signature              X         </td> </tr> <tr> <td>           Disposition Type  <b>Cremation</b> </td> <td>           Date of Disposition  <b>JAN 29 2019</b> </td> </tr> </table>		Place of Disposition (Facility Name and Address) <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b>	Signature  X	Disposition Type <b>Cremation</b>	Date of Disposition <b>JAN 29 2019</b>
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Disposition Type <b>Cremation</b>	Date of Disposition <b>JAN 29 2019</b>					

#### Acceptance of Permit

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RECEIVED  
TOWN CLERK'S OFFICE  
FEB 11 11 11 AM '19



0000353047

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2019 003883

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>MCDERMOTT , KATHLEEN L</b>		
	Place of Death <b>49 BOSTON ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>JANUARY 23, 2019</b>	Date of Birth <b>OCTOBER 20, 1950</b>	Sex <b>FEMALE</b>
	Residence <b>49 BOSTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
CERTIFIER	Certifier <b>NICHOLAS M MASCOLI III, MD</b>		Lic # <b>77443</b>
	Addr. <b>2000 WASHINGTON STREET, NEWTON, MASSACHUSETTS 02462</b>		
	Immediate Cause of Death <b>ACUTE ABDOMINAL PAIN</b>		

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DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b>	Lic # <b>50277</b>
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>	
	Disposition Type <b>CREMATION</b>	Date of Disposition <b>JANUARY 28, 2019</b>
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>	

**Endorsements**

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>003883</b>	Local Permit # <b>19-1</b>
	Date <b>JANUARY 25, 2019</b>	Date <b>JANUARY 28, 2019</b>
		Name of Agent <b>JAMES F. HEGARTY</b>

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

**Acceptance of Permit**

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 0000357491 Form R-309 07012014	 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">State File #</td> <td style="width: 40%;">2019 007563</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <b>RECEIVED</b>          TOWN CLERK'S OFFICE          OCME CASE #2019-1939       </td> </tr> <tr> <td colspan="2" style="text-align: right; padding-top: 10px;">         2019 FEB 15 A 9:40  <b>SOUTHBOROUGH, MA</b> </td> </tr> </table> <p><b>Information necessary for the Certificate of Death has been completed for:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width: 5%; text-align: center; vertical-align: middle;"><b>DECEDENT</b></td> <td colspan="3">Decedent Name <b>DION , AMY MICHELLE</b></td> </tr> <tr> <td colspan="3">Place of Death <b>367 TURNPIKE ROAD, SOUTHBOROUGH, MA</b></td> </tr> <tr> <td>Date of Death <b>FEBRUARY 10, 2019</b></td> <td>Date of Birth <b>DECEMBER 19, 1960</b></td> <td>Sex <b>FEMALE</b></td> </tr> <tr> <td colspan="3">Residence <b>12 STROBUS LANE, ASHLAND, MASSACHUSETTS 01721</b></td> </tr> <tr> <td colspan="3">         If U.S. veteran, specify war/conflict(s) (most recent)  <b>NO</b>          Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____          Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____       </td> </tr> <tr> <td rowspan="3" style="width: 5%; text-align: center; vertical-align: middle;"><b>CERTIFIER</b></td> <td colspan="2">Certifier <b>RICHARD J. EVANS, MD</b></td> <td>Lic # <b>58622</b></td> </tr> <tr> <td colspan="3">Addr. <b>55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655</b></td> </tr> <tr> <td colspan="3">Immediate Cause of Death <b>PENDING</b></td> </tr> </table> <p><b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width: 5%; text-align: center; vertical-align: middle;"><b>DISPOSITION</b></td> <td colspan="2">Funeral Licensee/ Designee <b>JOHN A. MATARESE, JR</b></td> <td>Lic # <b>6664</b></td> </tr> <tr> <td colspan="3">Facility. <b>MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., ASHLAND, MASSACHUSETTS</b></td> </tr> <tr> <td colspan="2">Disposition Type <b>CREMATION</b></td> <td>Date of Disposition <b>FEBRUARY 18, 2019</b></td> </tr> <tr> <td colspan="3">Place/Address <b>WOODLAWN NORTH PURCHASE CEMETERIES ASSOCIATION, 825 N MAIN STREET, ATTLEBORO, MASSACHUSETTS 02703</b></td> </tr> <tr> <td colspan="3"></td> </tr> </table> <p><b>Endorsements</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 5%; text-align: center; vertical-align: middle;"><b>PERMIT</b></td> <td colspan="2">Registry of Vital Records and Statistics</td> <td colspan="2">Board of Health/Agent for: <b>SOUTHBOROUGH</b></td> </tr> <tr> <td colspan="2">State Tracking # <b>007563</b></td> <td colspan="2">Local Permit # <b>19-2</b></td> </tr> <tr> <td colspan="2">Date <b>FEBRUARY 15, 2019</b></td> <td colspan="2">Date <b>FEBRUARY 15, 2019</b></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Name of Agent <b>JAMES F. 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0000331133

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2018 047422

RECEIVED  
VITAL RECORDS OFFICE  
2019 FEB 25 P 1:15  
SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	SHAY SR, JOSEPH F			
	Place of Death	5 WYNDEMERE DRIVE, SOUTHBOROUGH, MA			
	Date of Death	OCTOBER 20, 2018	Date of Birth	MARCH 02, 1931	
	Residence	5 WYNDEMERE DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772			
	If U.S. veteran, specify war/conflict(s) (most recent) KOREA				
CERTIFIER	Branch of military (most recent)	Rank/organization/outfit (most recent)			
	ARMY	SERGEANT, 9710 TSUDET 1			
	Date entered (most recent)	Date Discharged (most recent)	Service Number (most recent)		
	SEPTEMBER 04, 1952	SEPTEMBER 04, 1954	51 183 696		
	Certifier	KAREN-GAIL BRANDSE, MD			
DISPOSITION	Addr.	67 UNION STREET, SUITE 104, NATICK, MASSACHUSETTS 01760			
	Immediate Cause of Death	CARDIAC ARREST			
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
PERMIT	Funeral Licensee/ Designee	HENRY C BOYLE, III			
	Facility	BOYLE BROTHERS FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS			
	Disposition Type	BURIAL			
	Place/Address	ST. STEPHEN CEMETERY, FENWICK STREET, FRAMINGHAM, MASSACHUSETTS 01701			
	Endorsements				
CONFIRMATION	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH			
	State Tracking #	047422			
	Date	OCTOBER 22, 2018			
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address)		Signature		
	ST. Stephen Framingham MA		X [Signature]		
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		
BURIAL		10-27-18		Joseph E. Uec	

**Acceptance of Permit**

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RECEIVED

71249

MAR 15 2019

RECEIVED  
TOWN CLERK'S OFFICE

0000361696

Form R-309 07012014

Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2019 010325

SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>ROBILLARD , KAREN A</b>		
	Place of Death <b>6 LOVERS LANE, SOUTHBOROUGH, MA</b>		
	Date of Death <b>MARCH 01, 2019</b>	Date of Birth <b>JULY 11, 1947</b>	Sex <b>FEMALE</b>
	Residence <b>6 LOVERS LANE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent)		
	Rank/organization/outfit (most recent)		
	Date entered (most recent)	Date Discharged (most recent)	Service Number (most recent)
DISPOSITION	Certifier <b>DEEPA RANGACHARI, MD</b> Lic # <b>260246</b>		
	Addr. <b>330 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215</b>		
	Immediate Cause of Death <b>LUNG CANCER</b>		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>		
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>CREMATION</b>		
	Date of Disposition <b>MARCH 04, 2019</b>		
Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>			
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>010325</b>		Local Permit # <b>E-PERMIT</b>
	Date <b>MARCH 04, 2019</b>		Date <b>—</b>
		Name of Agent <b>—</b>	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b>		Signature <b>John H. Cobill</b> X
	Disposition Type <b>Cremation</b>	Date of Disposition <b>MAR 05 2019</b>	Name of Superintendent or Authorized Designee <b>John H Cobill</b>

**Acceptance of Permit**

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State of Florida, Department of Health, Bureau of Vital Statistics  
**BURIAL TRANSIT PERMIT**

DATE PRINTED: March 13, 2019

TRACKING NUMBER: 2019040981

2019 APR 18 A 11:50

**1. DECEDENT INFORMATION**

Name of Deceased

RICHARD PETER LAVOIE

**SOUTHBOROUGH, MA**

March 4, 2019

Place of Death - County

PALM BEACH

City, Town or Location

ATLANTIS

Name of facility, or street address if not a facility

JFK MEDICAL CENTER

Name and Address of Funeral Home/Direct Disposal Establishment

LORNE AND SONS FUNERAL HOME F040751

745 NE 6TH AVE

DELRAY BEACH, FLORIDA, 33483

Fla. Lic. No./Reg. No.

F040751

Phone Number

(561) 276-4161

Funeral Director/Direct Disposer

PATRICK LORNE

Fla. Lic. No./Reg. No.

F043096

Medical Verification Statement

Roberta at the certifying physician's office, was contacted on 03/11/2019 by the funeral director listed above; he/she indicated that SONNY VAN NGUYEN, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.

**2. BURIAL - TRANSIT PERMIT**

The Florida Department of Health, Bureau of Vital Statistics

hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2019-F040751-5048

Date Issued: March 11, 2019

State Registrar

**3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION**

Authorization given by Medical Examiner District 15

Approval Number: C19-01771

**4. CEMETERY OR CREMATORY**

Place of Disposition: *RURAL CEMETERY, Southborough*

Method of Disposition: *BURIAL OF CREMATED REMAINS*

Date of Disposition:

*April 14, 2019*

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

# PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

<b>STATE OF NEW HAMPSHIRE</b> <b>BURIAL TRANSIT PERMIT</b>			1. BURIAL PERMIT NO 2. CITY OR TOWN	
3. DECEDENT'S NAME (First, Middle, Last) <b>ADELE A SECATORE</b>			4. SEX <b>FEMALE</b>	5. DATE OF DEATH (Month, Day, Year) <b>APRIL 13, 2019</b>
6. AGE <b>98 Years</b>	7. DATE OF BIRTH (Month, Day, Year) <b>FEBRUARY 25, 1921</b>	8. CITY, TOWN, OR LOCATION OF DEATH <b>DOVER</b>		9. COUNTY OF DEATH <b>STRAFFORD</b>
10. METHOD OF DISPOSITION ( 1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): <b>RURAL CEMETERY</b>				CODE: <b>1</b>
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>RURAL CEMETERY</b>				
12. LOCATION (City/Town, State) <b>SOUTHBORO, MA</b>				
13. DATE OF DISPOSITION (Refer to 19a) <b>APRIL 18, 2019</b>				
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL				
15. LOCATION OF FINAL DISPOSITION (City/Town, State)				
<b>A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:</b>				
16. FUNERAL DIRECTOR <b>ERIN YOUNG</b>			17. N.H. LIC. NUM ONLY <b>0000</b>	
18. NAME AND LOCATION OF FACILITY (City/Town, State) <b>DUCKETT FUNERAL HOME, SUDBURY, MA</b>				
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register if app.) <b>DENIS R CARON</b>		20. CITY/TOWN <b>DOVER</b>		21. DATE ISSUED (Month, Day, Year) <b>APRIL 15, 2019</b>
<b>CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE</b>				
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
<b>CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW</b>				
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <i>Full Early Burial</i>		28. DATE OF DISPOSITION (Month, Day, Year) <i>April 22, 2019</i>		29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <i>Rural Cemetery Southborough, MA</i>
30. SECTION <i>Sec. 11</i> <i>LOT 43</i>	31. GRAVE NO. <i>1A</i>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>[Signature]</i>		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				





0000375770

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2019 020522

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>BACKER , ANITA K.</b>		
	Place of Death <b>11 RESERVOIR STREET, SOUTHBOROUGH, MA</b>		
	Date of Death <b>APRIL 30, 2019</b>	Date of Birth <b>AUGUST 25, 1948</b>	Sex <b>FEMALE</b>
	Residence <b>11 RESERVOIR DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
CERTIFIER	Certifier <b>NAEEM TAHIR, MD</b>		Lic # <b>238186</b>
	Addr. <b>450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215</b>		
	Immediate Cause of Death <b>METASTATIC MALIGNANT NEUROENDOCRINE CANCER OF ESOPHAGUS</b>		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee <b>RICHARD S MANSFIELD</b>	Lic # <b>5788</b>
	Facility. <b>MILES FUNERAL HOME, HOLDEN, MASSACHUSETTS</b>	
	Disposition Type <b>BURIAL</b>	Date of Disposition <b>MAY 03, 2019</b>
	Place/Address <b>HOLY SOCIETY CEMETERY, CEMETERY ROAD, LEICESTER, MASSACHUSETTS 01524</b>	

**Endorsements**

PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>	
	State Tracking # <b>020522</b>		Local Permit # <b>19-4</b>	
	Date <b>MAY 02, 2019</b>		Date <b>MAY 03, 2019</b>	
			Name of Agent <b>JAMES F. HEGARTY</b>	

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.





## State of Florida, Department of Health, Bureau of Vital Statistics

## BURIAL TRANSIT PERMIT

DATE PRINTED: April 12, 2019

TRACKING NUMBER: 2019060246

RECEIVED  
TOWN CLERK'S OFFICE

2019 MAY 16 A 11: 11

## 1. DECEDENT INFORMATION

SOUTHBOROUGH, MA

Name of Deceased		Date of Death
MARY WALLACE HAWN		April 9, 2019
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
ST LUCIE	PORT ST LUCIE	PALM GARDEN
Name and Address of Funeral Home/Direct Disposal Establishment		Fla. Lic. No./Reg. No. Phone Number
ST LUCIE CREMATION SERVICES F070938 8549 S US 1 PORT ST LUCIE, FLORIDA, 34952		F070938 (772) 785-9009
Funeral Director/Direct Disposer		Fla. Lic. No./Reg. No.
ROBERT ANTONUCCI		FC19836
Medical Verification Statement		
Donna at the certifying physician's office, was contacted on 04/10/2019 by the funeral director listed above; he/she indicated that ROSE MILAGROS GUILBE, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.		

## 2. BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2019-F070938-5103

Date Issued: April 10, 2019

State Registrar

## 3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 19

Approval Number: C19-19-04-SLC15

## 4. CEMETERY OR CREMATORY

Place of Disposition: RURAL CEMETERY, SOUTHBOROUGH, MA SEC. 13, LOT 13, GRV #48Method of Disposition: BURIAL OF CREMATED REMAINSDate of Disposition: MAY 14, 2019

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code



0000383089

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2019 025258

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>WEBER , PAUL J.</b>		
	Place of Death <b>5 CLIFFORD STREET, SOUTHBOROUGH, MA</b>		
	Date of Death <b>JUNE 01, 2019</b>	Date of Birth <b>JANUARY 11, 1961</b>	Sex <b>MALE</b>
	Residence <b>5 CLIFFORD STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
CERTIFIER	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
	Certifier <b>SEAMUS MARK, MD</b>		Lic # <b>238902</b>
	Addr. <b>900 UNION STREET, WESTBOROUGH, MASSACHUSETTS 01581</b>		
	Immediate Cause of Death <b>CARDIAC EVENT</b>		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b>		Lic # <b>50277</b>
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>CREMATION</b>	Date of Disposition <b>JUNE 07, 2019</b>	
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>		
<b>Endorsements</b>			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>025258</b>	Local Permit # <b>19-5</b>	
	Date <b>JUNE 03, 2019</b>	Date <b>JUNE 03, 2019</b>	
		Name of Agent <b>JAMES F. HEGARTY</b>	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000388031

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2019 028630

**RECEIVED**  
**TOWN CLERK'S OFFICE**

2019 JUN 25 A 10: 4

Information necessary for the Certificate of Death has been completed for:

<b>DECEDENT</b>	Decedent Name <b>BARNES , EDWARD W</b>		<b>SOUTHBOROUGH, MA</b>	
	Place of Death <b>22 WILDWOOD DRIVE, SOUTHBOROUGH, MA</b>			
	Date of Death <b>JUNE 24, 2019</b>		Date of Birth <b>FEBRUARY 02, 1926</b> Sex <b>MALE</b>	
	Residence <b>22 WILDWOOD DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>			
	If U.S. veteran, specify war/conflict(s) (most recent) <b>WWII</b>			
<b>CERTIFIER</b>	Branch of military (most recent) <b>NAVY</b>		Rank/organization/outfit (most recent) <b>RADIOMAN 3RD CLASS</b>	
	Date entered (most recent) <b>MARCH 31, 1944</b>		Date Discharged (most recent) <b>MAY 24, 1946</b>	
			Service Number (most recent) <b>804 04 81</b>	
	Certifier <b>DAVID J CANSIAN, MD</b> Lic # <b>78517</b>			
	Addr. <b>521 MT AUBURN STREET, SUITE 202, WATERTOWN, MASSACHUSETTS 02472</b>			
Immediate Cause of Death <b>PNEUMONIA</b>				

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>HENRY C BOYLE, III</b> Lic # <b>6156</b>	
	Facility <b>BOYLE BROTHERS FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS</b>	
	Disposition Type <b>BURIAL</b> Date of Disposition <b>JUNE 29, 2019</b>	
	Place/Address <b>CALVARY CEMETERY, 250 HIGH STREET, WALTHAM, MASSACHUSETTS 02451</b>	

**Endorsements**

<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>	
	State Tracking # <b>028630</b>		Local Permit # <b>19-6</b>	
	Date <b>JUNE 25, 2019</b>		Date <b>JUNE 25, 2019</b>	
			Name of Agent <b>JAMES F. HEGARTY</b>	

<b>CONFIRMATION</b>	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:


**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

Re 7/2/19

 0000389503 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2019 029908</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>GEARY , MARIANNE JOAN</b> Place of Death <b>4 MITCHELL STREET, SOUTHBOROUGH, MA</b> Date of Death <b>JUNE 29, 2019</b> Date of Birth <b>DECEMBER 21, 1922</b> Sex <b>FEMALE</b> Residence <b>4 MITCHELL STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
	Certifier <b>LALITA A MATTA, MD</b> Lic # <b>78051</b> Addr. <b>65 FREEMONT STREET, MARLBOROUGH, MASSACHUSETTS 01752</b>				
	Immediate Cause of Death <b>ADVANCED DEMENTIA</b>				
	<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>				
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b> Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b> Disposition Type <b>BURIAL</b> Date of Disposition <b>JULY 08, 2019</b> Place/Address <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	<b>Endorsements</b>				
	Registry of Vital Records and Statistics State Tracking # <b>029908</b> Date <b>JULY 02, 2019</b>		Board of Health/Agent for: <b>SOUTHBOROUGH</b> Local Permit # <b>19-7</b> Date <b>JULY 02, 2019</b> Name of Agent <b>JAMES F. HEGARTY</b>		
	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
CONFIRMATION	Place of Disposition (Facility Name and Address)		Signature  X		
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000388931

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2019 030052

OCME CASE # 2019-8155

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	HUPFER , DARRYL B		
	Place of Death	1 DAVID HENRY GARDNER LANE, SOUTHBOROUGH, MA		
	Date of Death	JUNE 27, 2019	Date of Birth	DECEMBER 28, 1955 Sex MALE
	Residence	1 DAVID HENRY GARDNER LANE, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
	Branch of military (most recent)	Rank/organization/outfit(most recent)		
	---	---		
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
	---	---		
CERTIFIER	Certifier	RICHARD J. EVANS, MD		Lic # 58622
	Addr.	55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655		
	Immediate Cause of Death	HANGING		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	WILLIAM J. FAY	Lic # 5556
	Facility	CALLAHAN & FAY BROTHERS FUNERAL HOME, WORCESTER, MASSACHUSETTS	
	Disposition Type	REMOVAL FROM STATE	Date of Disposition JULY 08, 2019
	Place/Address	NEWTOWN VILLAGE CEMETERY, 20 ELM DRIVE, NEWTOWN, CONNECTICUT 06470	

**Endorsements**

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 030052	Local Permit # 19-8
	Date JULY 03, 2019	Date JULY 03, 2019
		Name of Agent JAMES F. HEGARTY

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:


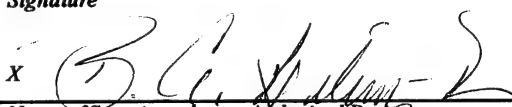
**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

Town Clerk rec'd  
7-11-19 1:13 pm JFH

 0000389503 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2019 029908</b>		
<b>Information necessary for the Certificate of Death has been completed for:</b>						
DECEASED	Decedent Name <b>GEARY , MARIANNE JOAN</b> Place of Death <b>4 MITCHELL STREET, SOUTHBOROUGH, MA</b> Date of Death <b>JUNE 29, 2019</b> Date of Birth <b>DECEMBER 21, 1922</b> Sex <b>FEMALE</b> Residence <b>4 MITCHELL STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b> If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____					
	Certifier <b>LALITA A MATTA, MD</b> Lic # <b>78051</b> Addr. <b>65 FREEMONT STREET, MARLBOROUGH, MASSACHUSETTS 01752</b> Immediate Cause of Death <b>ADVANCED DEMENTIA</b>					
	<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
	DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b> Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b> Disposition Type <b>BURIAL</b> Date of Disposition <b>JULY 08, 2019</b> Place/Address <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
		<b>Endorsements</b>				
Registry of Vital Records and Statistics State Tracking # <b>029908</b> Date <b>JULY 02, 2019</b>		Board of Health/Agent for: <b>SOUTHBOROUGH</b> Local Permit # <b>19-7</b> Date <b>JULY 02, 2019</b> Name of Agent <b>JAMES F. HEGARTY</b>				
CONFIRMATION	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>					
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY 11 CORDAVILLE ROAD, SOUTHBOROUGH, MA SEC. 1, LOT 10A, GRV. 1</b>		Signature X 			
	Disposition Type <b>FULL EARTH BURIAL</b>	Date of Disposition <b>JULY 8, 2019</b>	Name of Superintendent or Authorized Designee: <b>BRIDGET A. GILLERIE - ELLENZO</b>			

### Acceptance of Permit



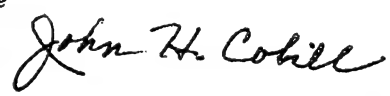
Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

72013

Town Clerk RCV'D  
7-15-2019 4:00 PM  
AMB

 0000383089 Form R-309 07012014		 <b>Commonwealth of Massachusetts</b> <b>Registry of Vital Records and Statistics</b> <b>DISPOSITION, REMOVAL</b> <b>OR TRANSPORTATION</b> <b>PERMIT</b>		<b>State File #</b> 2019 025258	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	<b>Decedent Name</b> WEBER , PAUL J.				
	<b>Place of Death</b> 5 CLIFFORD STREET, SOUTHBOROUGH, MA				
	<b>Date of Death</b> JUNE 01, 2019		<b>Date of Birth</b> JANUARY 11, 1961		<b>Sex</b> MALE
	<b>Residence</b> 5 CLIFFORD STREET, SOUTHBOROUGH, MASSACHUSETTS 01772				
	<b>If U.S. veteran, specify war/conflict(s) (most recent)</b> NO				
<b>CERTIFIER</b>	<b>Branch of military (most recent)</b> _____ <b>Rank/organization/outfit(most recent)</b> _____				
	<b>Date entered(most recent)</b> _____		<b>Date Discharged (most recent)</b> _____		<b>Service Number(most recent)</b> _____
	<b>Certifier</b> SEAMUS MARK, MD <b>Lic #</b> 238902				
<b>CERTIFIER</b>	<b>Addr.</b> 900 UNION STREET, WESTBOROUGH, MASSACHUSETTS 01581				
	<b>Immediate Cause of Death</b> CARDIAC EVENT				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	<b>Funeral Licensee/ Designee</b> NANCY G MORRIS <b>Lic #</b> 50277				
	<b>Facility.</b> MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
	<b>Disposition Type</b> CREMATION		<b>Date of Disposition</b> JUNE 07, 2019		
	<b>Place/Address</b> RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
<b>Endorsements</b>					
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for:</b> SOUTHBOROUGH		
	<b>State Tracking #</b> 025258		<b>Local Permit #</b> E-PERMIT		
	<b>Date</b> JUNE 03, 2019		<b>Date</b> _____ <b>Name of Agent</b> _____		
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	<b>Place of Disposition (Facility Name and Address)</b>  Rural Cemetery 180 Grove Street Worcester, MA 01605			<b>Signature</b>  X 	
	<b>Disposition Type</b> Cremation	<b>Date of Disposition</b> JUN 10 2019		<b>Name of Superintendent or Authorized Designee:</b> John H Cobill	

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.





0000390575

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2019 032610

RECEIVED  
TOWN CLERK'S OFFICE

2019 JUL 22 A 9:36

SOUTHBOROUGH, MA  
Sex FEMALE

Information necessary for the Certificate of Death has been completed for:



DECEDENT	Decedent Name <b>KEY , ELDA ---</b>		
	Place of Death <b>65 WILLIAM ONTHANK LANE, SOUTHBOROUGH, MA</b>		
	Date of Death <b>JULY 07, 2019</b>	Date of Birth <b>APRIL 30, 1934</b>	
	Residence <b>65 WILLIAM ONTHANK LANE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) <b>---</b> Rank/organization/outfit(most recent) <b>---</b>		
CERTIFIER	Date entered(most recent) <b>---</b>		Date Discharged (most recent) <b>---</b>
	Service Number(most recent) <b>---</b>		
	Certifier <b>RASMIA AHMED, MD</b> Lic # <b>216449</b>		
	Addr. <b>571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702</b>		
DISPOSITION	Immediate Cause of Death <b>CARDIORESPIRATORY ARREST</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee <b>DAVID A CASPER</b> Lic # <b>6562</b>		
	Facility. <b>CASPER FUNERAL AND CREMATION SERVICES, BOSTON, MASSACHUSETTS</b>		
PERMIT	Disposition Type <b>CREMATION</b> Date of Disposition <b>JULY 22, 2019</b>		
	Place/Address <b>BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184</b>		
	Endorsements		
	Registry of Vital Records and Statistics Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
CONFIRMATION	State Tracking # <b>032610</b>		Local Permit # <b>19-9</b>
	Date <b>JULY 20, 2019</b>		Date <b>JULY 22, 2019</b>
			Name of Agent <b>JAMES F. HEGARTY</b>
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
Place of Disposition (Facility Name and Address)		Signature	
		X	
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.


				Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL          OR TRANSPORTATION          PERMIT</b>		State File # <b>2019 032610</b>		
0000390575 Form R-309 07012014								
Information necessary for the Certificate of Death has been completed for:								
DECEDENT	Decedent Name <b>KEY, ELDA</b>							
	Place of Death <b>65 WILLIAM ONTHANK LANE, SOUTHBOROUGH, MA</b>							
	Date of Death <b>JULY 07, 2019</b>			Date of Birth <b>APRIL 30, 1934</b>		Sex <b>FEMALE</b>		
	Residence <b>65 WILLIAM ONTHANK LANE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>							
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>							
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____							
	Date entered (most recent) _____		Date Discharged (most recent) _____		Service Number (most recent) _____			
	Certifier <b>RASMIA AHMED, MD</b>							
	Addn. <b>571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702</b>							
	Immediate Cause of Death <b>CARDIORESPIRATORY ARREST</b>							
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:								
DISPOSITION	Funeral Licensee/Designee <b>DAVID A CASPER</b> Lic # <b>6562</b>							
	Facility <b>CASPER FUNERAL AND CREMATION SERVICES, BOSTON, MASSACHUSETTS</b>							
	Disposition Type <b>CREMATION</b>							
	Date of Disposition <b>JULY 22, 2019</b>							
Place/Address <b>BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184</b>								
Endorsements								
PERMIT	Registry of Vital Records and Statistics				Board of Health/Agent for: <b>SOUTHBOROUGH</b>			
	State Tracking # <b>032610</b>				Local Permit # <b>E-PERMIT</b>			
	Date <b>JULY 20, 2019</b>				Date _____			
	Name of Agent _____				Name of Agent _____			
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:							
	Place of Disposition (Facility Name and Address) _____							
Disposition Type <b>Cremation</b>								

#### Acceptance of Permit

Permits printed with the designation "Cremation" indicate that the designated agents will later assign a permit by the city or town clerk or registrar, acceptance for disposal.

A cremation clearance from the Office of the Registrar, the cremation clearance is of this form.


After confirmation of disposition, the crematory shall retain a copy for their records.



**Blue Hill**  
 CEMETERY AND CREMATORY

**700 West Street, Braintree, MA 02184**

**Date of Cremation: 7/23/2019**



**Gerald M. Ridge, Jr., President**

*Entrusted to Our Care*

If the Local Permit #, boards of health or their prior to registration and date prior to

certified death is indicated at the top

as listed above and



CEMETERY AND CREMATORY

Gerald M. Ridge, Jr.  
President***COVER SHEET - ELECTRONIC TRANSMITTAL OF DISPOSITION PERMIT(S)***

**TO:** Designated Municipal Agent / Primary "Burial Agent"  
(Board of Health, Health Department, Municipal Clerk, etc.)

**FROM:** Blue Hill Cemetery & Crematory

**RE:** Commonwealth of Massachusetts  
Registry of Vital Records & Statistics  
***DISPOSITION, REMOVAL or TRANSPORTATION PERMITS***  
(Burials, Cremations, Entombments, Disinterments, etc.)

In compliance with *Massachusetts General Law, Part 1, Title XVI, Chapter 114, Section 47*, the following pages (page) are (is) being forwarded to your attention.

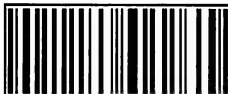
Because cemeteries and crematories do not have access to the Commonwealth's VIP Electronic Death Registration System (EDRS), we have opted to transmit our records to you via fax or email.

If you have received these documents in error or have questions or concerns regarding this transmittal, please contact Joe Walker at 781-843-9000.

Thank you for your time and consideration in this matter.

**CONFIDENTIALITY STATEMENT:** The documents accompanying this facsimile or email transmittal are intended only for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you are not the intended recipient, you are hereby notified that law strictly prohibits any disclosure, copying, distribution or action taken in reliance on the contents of these documents. If you have received this fax in error, please notify the sender immediately to arrange for return of these documents.

Forever Entrusted to Our Care



0000388031

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2019 028630

Information necessary for the Certificate of Death has been completed for:

RECEIVED  
TOWN CLERK'S OFFICE

2019 JUL 25 P 1:19

SOUTHBOROUGH, MA

DECEDENT	Decedent Name <b>BARNES , EDWARD W</b>	
	Place of Death <b>22 WILDWOOD DRIVE, SOUTHBOROUGH, MA</b>	
	Date of Death <b>JUNE 24, 2019</b>	Date of Birth <b>FEBRUARY 02, 1926</b>
	Residence <b>22 WILDWOOD DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>	
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) <b>WWII</b>	
	Branch of military (most recent) <b>NAVY</b>	Rank/organization/outfit(most recent) <b>RADIOMAN 3RD CLASS</b>
	Date entered(most recent) <b>MARCH 31, 1944</b>	Date Discharged (most recent) <b>MAY 24, 1946</b>
	Service Number(most recent) <b>804 04 81</b>	
	Certifier <b>DAVID J CANCIAN, MD</b> Lic # <b>78517</b>	
CERTIFIER	Addr. <b>521 MT AUBURN STREET, SUITE 202, WATERTOWN, MASSACHUSETTS 02472</b>	
	Immediate Cause of Death <b>PNEUMONIA</b>	
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>		
DISPOSITION	Funeral Licensee/ Designee <b>HENRY C BOYLE, III</b> Lic # <b>6156</b>	
	Facility. <b>BOYLE BROTHERS FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS</b>	
	Disposition Type <b>BURIAL</b>	Date of Disposition <b>JUNE 29, 2019</b>
	Place/Address <b>CALVARY CEMETERY, 250 HIGH STREET, WALTHAM, MASSACHUSETTS 02451</b>	
<b>Endorsements</b>		
PERMIT	Registry of Vital Records and Statistics	
	State Tracking # <b>028630</b>	Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	Date <b>JUNE 25, 2019</b>	Local Permit # <b>E-PERMIT</b>
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address) <b>Calvary Waltham</b>	Signature <b>X [Signature]</b>
	Disposition Type <b>Burial</b>	Date of Disposition <b>6/29/19</b>
Name of Superintendent or Authorized Designee:		

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000395654

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2019 034449

Information necessary for the Certificate of Death has been completed for:

RECEIVED  
TOWN CLERK'S OFFICE  
2019 AUG -1 P 2:56  
SOUTHBOROUGH, MA  
FEMALE

DECEDENT	Decedent Name	LABARRE , ANNETTE MARIE		
	Place of Death	32 BOSTON ROAD, SOUTHBOROUGH, MA		
	Date of Death	JULY 30, 2019	Date of Birth	APRIL 18, 1937
	Residence	32 BOSTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
CERTIFIER	Branch of military (most recent)	Rank/organization/outfit(most recent)		
	Date entered(most recent)	Date Discharged(most recent)	Service Number(most recent)	
	Certifier	EDYTA KONRAD, MD		Lic # 157585
	Addr.	320 BOLTON STREET, MARLBOROUGH, MASSACHUSETTS 01752		
	Immediate Cause of Death	CARDIAC ARREST		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
DISPOSITION	Funeral Licensee/ Designee	NANCY G MORRIS		Lic # 50277
	Facility.	MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type	CREMATION	Date of Disposition	AUGUST 02, 2019
	Place/Address	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605		
	Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking #	034449	Local Permit #	09-10
	Date	AUGUST 01, 2019	Date	AUGUST 01, 2019
			Name of Agent	JAMES F. HEGARTY
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address)		Signature	
	Disposition Type		Date of Disposition	Name of Superintendent or Authorized Designee:


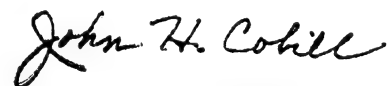
**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

72427


 0000395654 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2019 034449</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>LABARRE , ANNETTE MARIE</b>				
	Place of Death <b>32 BOSTON ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>JULY 30, 2019</b>		Date of Birth <b>APRIL 18, 1937</b>		Sex <b>FEMALE</b>
	Residence <b>32 BOSTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/unit (most recent) _____				
	Date entered (most recent) _____		Date Discharged (most recent) _____		Service Number (most recent) _____
	Certifier <b>EDYTA KONRAD, MD</b> Lic # <b>157585</b>				
	Addr. <b>320 BOLTON STREET, MARLBOROUGH, MASSACHUSETTS 01752</b>				
	Immediate Cause of Death <b>CARDIAC ARREST</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>AUGUST 02, 2019</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>034449</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>AUGUST 01, 2019</b>		Date _____ Name of Agent _____		
CONFIRMATION	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address) <div style="text-align: center;"> <b>Rural Cemetery</b>  <b>180 Grove Street</b>  <b>Worcester, MA 01605</b> </div>			Signature <div style="text-align: center;">   <b>X</b> </div>	
	Disposition Type <b>Cremation</b>		Date of Disposition <b>AUG 02 2019</b>		Name of Superintendent or Authorized Designee: <div style="text-align: center;"> <b>John H Cobill</b> </div>

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000397830 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2019 036409</b> OCME CASE # 2019-10069	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	Decedent Name <b>MCKINLEY , JORY DAMON</b> Place of Death <b>8 FLAGG ROAD, SOUTHBOROUGH, MA</b> Date of Death <b>AUGUST 09, 2019</b> Date of Birth <b>MARCH 09, 1962</b> Sex <b>MALE</b> Residence <b>8 FLAGG ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent)      Rank/organization/outfit(most recent) ---      --- Date entered(most recent)      Date Discharged (most recent)      Service Number(most recent) ---      ---      ---				
	Certifier <b>RICHARD J. EVANS, MD</b> Lic # <b>58622</b> Addr. <b>55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655</b>				
	Immediate Cause of Death <b>HANGING</b>				
	<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>				
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b> Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b> Disposition Type <b>CREMATION</b> Date of Disposition <b>AUGUST 16, 2019</b> Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
	<b>Endorsements</b>				
	<b>Registry of Vital Records and Statistics</b> State Tracking # <b>036409</b> Date <b>AUGUST 14, 2019</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b> Local Permit # <b>19-11</b> Date <b>AUGUST 14, 2019</b> Name of Agent <b>JAMES F. HEGARTY</b>		
	<b>PERMIT</b>				
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address)			Signature  X	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

#### Acceptance of Permit


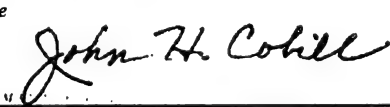
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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



72519

 0000397830 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2019 036409</b> OCME CASE # 2019-10069	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>MCKINLEY , JORY DAMON</b>				
	Place of Death <b>8 FLAGG ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>AUGUST 09, 2019</b>		Date of Birth <b>MARCH 09, 1962</b>		Sex <b>MALE</b>
	Residence <b>8 FLAGG ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____				
	Date entered(most recent) _____		Date Discharged (most recent) _____		Service Number(most recent) _____
	Certifier <b>RICHARD J. EVANS, MD</b> Lic # <b>58622</b>				
	Addr. <b>55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655</b>				
	Immediate Cause of Death <b>HANGING</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>AUGUST 16, 2019</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>036409</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>AUGUST 14, 2019</b>		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b>		Signature 		
	Disposition Type <b>Cremation</b>	Date of Disposition <b>AUG 15 2019</b>	Name of Superintendent or Authorized Designee: <b>John H Cobill</b>		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000401862

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File # 2019 038933

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>GAGNON , MARY JANE</b>		
	Place of Death <b>237 CORDAVILLE ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>AUGUST 30, 2019</b>	Date of Birth <b>SEPTEMBER 16, 1937</b>	Sex <b>FEMALE</b>
	Residence <b>80 NEWTON STREET, FAIRFIELD, CONNECTICUT 06824</b>		
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____	Date Discharged (most recent) _____	Service Number(most recent) _____
	Certifier <b>ERIC J ROELAND, MD</b> Lic # <b>273842</b>		
CERTIFIER	Addr. <b>55 FRUIT STREET, BOSTON, MASSACHUSETTS 02114</b>		
	Immediate Cause of Death <b>CHOLANGIOCARCINOMA CANCER</b>		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>		
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>REMOVAL FROM STATE</b> Date of Disposition <b>SEPTEMBER 07, 2019</b>		
	Place/Address <b>ST THOMAS CEMETERY, MILL PLAIN ROAD, FAIRFIELD, CONNECTICUT 06824</b>		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>038933</b>		Local Permit # <b>19-13</b>
	Date <b>AUGUST 30, 2019</b>		Date <b>SEPTEMBER 03, 2019</b>
		Name of Agent <b>JAMES F. HEGARTY</b>	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature  <b>X</b>
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000401875

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File # 2019 038970

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>BERNDT , ELISABETH ---</b>		
	Place of Death <b>36 MARLBORO ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>AUGUST 29, 2019</b>	Date of Birth <b>MAY 22, 1938</b>	Sex <b>FEMALE</b>
	Residence <b>36 MARLBORO ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
CERTIFIER	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---
	Date entered (most recent) ---	Date Discharged (most recent) ---	Service Number (most recent) ---
	Certifier <b>ROBERT C. JANDL, MD</b>		Lic # <b>51036</b>
	Addr. <b>24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	Immediate Cause of Death <b>T-CELL LYMPHOMA</b>		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee <b>SCOTT A. JOHNSTON</b>		Lic # <b>6373</b>
	Facility. <b>SLATTERY FUNERAL HOME, INC., MARLBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>SEPTEMBER 06, 2019</b>
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>038970</b>	Local Permit # <b>19-12</b>	
	Date <b>AUGUST 31, 2019</b>	Date <b>SEPTEMBER 03, 2019</b>	
		Name of Agent <b>JAMES F. HEGARTY</b>	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	


**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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 0000401875 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL          OR TRANSPORTATION          PERMIT</b>		State File # <b>2019 038970</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>BERNDT , ELISABETH ---</b>				
	Place of Death <b>36 MARLBORO ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>AUGUST 29, 2019</b>		Date of Birth <b>MAY 22, 1938</b>		Sex <b>FEMALE</b>
	Residence <b>36 MARLBORO ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
CERTIFIER	Branch of military (most recent) <b>---</b> Rank/organization/outfit(most recent) <b>---</b>				
	Date entered(most recent) <b>---</b>		Date Discharged (most recent) <b>---</b>		Service Number(most recent) <b>---</b>
	Certifier <b>ROBERT C. JANDL, MD</b> Lic # <b>51036</b>				
	Addr. <b>24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	Immediate Cause of Death <b>T-CELL LYMPHOMA</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	Funeral Licensee/ Designee <b>SCOTT A. JOHNSTON</b> Lic # <b>6373</b>				
	Facility. <b>SLATTERY FUNERAL HOME, INC., MARLBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>SEPTEMBER 06, 2019</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>					
PERMIT	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>		
	State Tracking # <b>038970</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>AUGUST 31, 2019</b>		Date <b>---</b> Name of Agent <b>---</b>		
CONFIRMATION	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery          180 Grove Street          Worcester, MA 01605</b>		Signature  X		
	Disposition Type <b>Cremation</b>	Date of Disposition <b>SEP 04 2019</b>	Name of Superintendent or Authorized Designee: <b>John H Cobill</b>		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000402583

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2019 039843

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>GRUMNEY , GLORIA ---</b>		
	Place of Death <b>69 OREGON ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>SEPTEMBER 02, 2019</b>	Date of Birth <b>SEPTEMBER 29, 1930</b>	Sex <b>FEMALE</b>
	Residence <b>69 OREGON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____	Date Discharged (most recent) _____	Service Number(most recent) _____
	Certifier <b>DAVID CHODIRKER, MD</b> Lic # <b>74617</b>		
DISPOSITION	Addr. <b>173 WORCESTER STREET, SUITE 1, WELLESLEY, MASSACHUSETTS 02481</b>		
	Immediate Cause of Death <b>ASPIRATION PNEUMONIA</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee <b>FRANCIS J JOYCE</b> Lic # <b>5979</b>		
PERMIT	Facility. <b>FRANCIS J. JOYCE &amp; SON, INC., WALTHAM, MASSACHUSETTS</b>		
	Disposition Type <b>DONATION</b> Date of Disposition <b>SEPTEMBER 06, 2019</b>		
	Place/Address <b>HARVARD MEDICAL SCHOOL, 260 LONGWOOD AVENUE, BOSTON, MASSACHUSETTS 02115</b>		
	Endorsements		
CONFIRMATION	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>039843</b>		Local Permit # <b>E-PERMIT</b>
	Date <b>SEPTEMBER 06, 2019</b>		Date _____
			Name of Agent _____
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <b>HARVARD MED SCHOOL-AGP BOSTON, MA</b>		Signature 
	Disposition Type <b>DONATION</b>	Date of Disposition <b>9/6/19</b>	Name of Superintendent or Authorized Designee: <b>MARK CICCHETTI</b>

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000402583

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2019 039843

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>GRUMNEY , GLORIA ---</b>		
	Place of Death <b>69 OREGON ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>SEPTEMBER 02, 2019</b>	Date of Birth <b>SEPTEMBER 29, 1930</b>	Sex <b>FEMALE</b>
	Residence <b>69 OREGON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
CERTIFIER	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
	Certifier <b>DAVID CHODIRKER, MD</b>		Lic # <b>74617</b>
	Addr. <b>173 WORCESTER STREET, SUITE 1, WELLESLEY, MASSACHUSETTS 02481</b>		
	Immediate Cause of Death <b>ASPIRATION PNEUMONIA</b>		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee <b>FRANCIS J JOYCE</b>		Lic # <b>5979</b>
	Facility. <b>FRANCIS J. JOYCE &amp; SON, INC., WALTHAM, MASSACHUSETTS</b>		
	Disposition Type <b>DONATION</b>		Date of Disposition <b>SEPTEMBER 06, 2019</b>
	Place/Address <b>HARVARD MEDICAL SCHOOL, 260 LONGWOOD AVENUE, BOSTON, MASSACHUSETTS 02115</b>		
	Endorsements		
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>039843</b>		Local Permit # <b>19-14</b>
	Date <b>SEPTEMBER 06, 2019</b>		Date <b>SEPTEMBER 09, 2019</b>
			Name of Agent <b>JAMES F. HEGARTY</b>
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

**Acceptance of Permit**

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

State of Maine  
Department of Health and Human Services  
**Permit for Disposition of Human Remains**

Distribution of Copies: ☒ Place of Final Disposition ☐ Place Permit Issued  
☐ Place of Death ☐ Issuing Clerk – Retain Until Endorsement Received

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) <b>John Ronald Evans</b>				2. DATE OF DEATH (Mo., Day, Yr.) <b>October 03, 2019</b>		
3. SEX <b>Male</b>	4. AGE <b>83 Years</b>	5. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6. PLACE OF DEATH (City or Town) (State) <b>South Portland, Maine</b>			
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON <b>Conroy-Tully Walker Funeral Homes &amp; Cremation Services 172 State Street Portland, Maine 04101</b>				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER <b>HO10708</b>		
8. PERMISSION REQUESTED FOR: (Check All That Apply)						
<input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment						
9. AUTHORIZATION FOR PERMIT		<input checked="" type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input checked="" type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial at Sea, Use by Medical Science	<input type="checkbox"/> Application or Court Order for Disinterment	<input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation

**PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE HUMAN REMAINS IDENTIFIED ABOVE**

10. SIGNATURE OF CLERK OR (see #11) →		10b. CITY OR TOWN	10c. DATE SIGNED (Mo., Day, Yr.)
11. SIGNATURE OF SUBREGISTRAR →		11b. SUBREGISTRAR OF (List Municipality appointed by): <b>Portland, ME</b>	11c. DATE SIGNED (Mo., Day, Yr.) <b>10/4/2019</b>

**DISPOSITION**

<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	12. NAME OF CEMETERY OR VAULT		13. LOCATION (City or Town) (State)	
	14. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →		15. DATE (Mo., Day, Yr.)	
REMAINS WERE: <input checked="" type="checkbox"/> BURIED <input type="checkbox"/> CREMATED <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> MEDICAL USE	16. NAME OF CEMETERY, CREMATORY, MEDICAL SCHOOL, OR OTHER DESTINATION <i>RURAL CEMETERY 11 CONDAVILLE RD.</i>		17. LOCATION (City or Town) (State) <i>South Portland, ME</i>	
	18. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON →		19. DATE (Mo., Day, Yr.) <i>10/15/2019</i>	
<input checked="" type="checkbox"/> REMOVED FROM STATE	20. NAME OF CEMETERY, OR OTHER DESTINATION <b>Morris Funeral Home</b>		21. LOCATION (City or Town) (State) <b>Southborough, MA</b>	
	22. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON → <i>Nancy Marion</i>		23. DATE (Mo., Day, Yr.) <b>10/6/2019</b>	
DISPOSITION OF CREMATED REMAINS:	24. <input type="checkbox"/> Buried <input type="checkbox"/> To Family <input type="checkbox"/> Scattered	25. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT		
	26. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →		27. DATE (Mo., Day, Yr.)	
<input type="checkbox"/> REMAINS WERE DISINTERRED	28. NAME OF CEMETERY OR VAULT		29. LOCATION (City or Town) (State)	
	30. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →		31. DATE (Mo., Day, Yr.)	

**Directions:** The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.





0000410952

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File # **2019 045915**

OCME CASE # 2019-12832

**Information necessary for the Certificate of Death has been completed for:**

<b>DECEDENT</b>	<i>Decedent Name</i> <b>DANAHY , PAUL A</b>
	<i>Place of Death</i> <b>RED ROOF INN, SOUTHBOROUGH, MA</b>
	<i>Date of Death</i> <b>OCTOBER 09, 2019</b> <i>Date of Birth</i> <b>APRIL 10, 1948</b> <i>Sex</i> <b>MALE</b>
	<i>Residence</i> <b>3379 NE 80TH. AVENUE, HIGH SPRINGS, FLORIDA 32643</b>
<b>DECEDENT</b>	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> <b>VIETNAM</b>
	<i>Branch of military (most recent)</i> <b>COAST GUARD</b>
	<i>Rank/organization/outfit (most recent)</i> <b>DC3</b>
	<i>Date entered (most recent)</i> <b>MAY 22, 1967</b>
	<i>Date Discharged (most recent)</i> <b>MAY 21, 1973</b>
<b>CERTIFIER</b>	<i>Service Number (most recent)</i> <b>369232</b>
	<i>Certifier</i> <b>RICHARD J. EVANS, MD</b> <i>Lic #</i> <b>58622</b>
	<i>Addr.</i> <b>55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655</b>
<b>CERTIFIER</b>	<i>Immediate Cause of Death</i> <b>ATHEROSCLEROTIC CARDIOVASCULAR DISEASE WITH CORONARY ARTERY</b>
	<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>
<b>DISPOSITION</b>	<i>Funeral Licensee/ Designee</i> <b>CHRISTINA BARBOZA</b> <i>Lic #</i> <b>51179</b>
	<i>Facility.</i> <b>NEPTUNE CREMATION SERVICE, WEYMOUTH, MASSACHUSETTS</b>
	<i>Disposition Type</i> <b>CREMATION</b> <i>Date of Disposition</i> <b>OCTOBER 15, 2019</b>
	<i>Place/Address</i> <b>SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131</b>
<b>Endorsements</b>	
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>
	<i>State Tracking #</i> <b>045915</b> <i>Board of Health/Agent for:</i> <b>SOUTHBOROUGH</b>
	<i>Date</i> <b>OCTOBER 15, 2019</b> <i>Local Permit #</i> <b>19-15</b>
<b>PERMIT</b>	<i>Date</i> <b>OCTOBER 16, 2019</b>
	<i>Name of Agent</i> <b>JAMES F. HEGARTY</b>
	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>
<b>CONFIRMATION</b>	<i>Place of Disposition (Facility Name and Address)</i>
	<i>Signature</i>  <b>X</b>
	<i>Disposition Type</i> <i>Date of Disposition</i> <i>Name of Superintendent or Authorized Designee:</i>

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000410952 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2019 045915</b> OCME CASE # 2019-12832	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>DANAHY, PAUL A</b>				
	Place of Death <b>RED ROOF INN, SOUTHBOROUGH, MA</b>				
	Date of Death <b>OCTOBER 09, 2019</b>		Date of Birth <b>APRIL 10, 1948</b>		Sex <b>MALE</b>
	Residence <b>3379 NE 80TH AVENUE, HIGH SPRINGS, FLORIDA 32643</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>VIETNAM</b>				
CERTIFIER	Branch of military (most recent) <b>COAST GUARD</b>				
	Rank/organization/outfit (most recent) <b>DC3</b>				
	Date entered (most recent) <b>MAY 22, 1967</b>		Date Discharged (most recent) <b>MAY 21, 1973</b>		Service Number (most recent) <b>369232</b>
	Certifier <b>RICHARD J. EVANS, MD</b>				
	Lic # <b>58622</b>				
Addr. <b>55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655</b>					
Immediate Cause of Death <b>ATHEROSCLEROTIC CARDIOVASCULAR DISEASE WITH CORONARY ARTERY</b>					
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee <b>CHRISTINA BARBOZA</b> Lic # <b>51179</b>				
	Facility. <b>NEPTUNE CREMATION SERVICE, WEYMOUTH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>OCTOBER 15, 2019</b>		
	Place/Address <b>SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131</b>				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>045915</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>OCTOBER 15, 2019</b>		Date --- Name of Agent ---		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>St. Michael Crematory 500 Canterbury Street Boston, MA 02131</b>		Signature 		
	Disposition Type <b>Cremation</b>	Date of Disposition <b>10/17/19</b>	Name of Superintendent or Authorized Designee: <b>Michael D. Sheehan, G.M.</b>		

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000411624

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2019 046587

OCME CASE # 2019-12900

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>FOSTER , WALTER M</b>		
	Place of Death <b>3 ASPENWOOD LANE, SOUTHBOROUGH, MA</b>		
	Date of Death <b>OCTOBER 11, 2019</b>	Date of Birth <b>OCTOBER 10, 1949</b>	Sex <b>MALE</b>
	Residence <b>3 ASPENWOOD LANE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
CERTIFIER	Branch of military (most recent) ---		
	Rank/organization/outfit(most recent) ---		
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
	Certifier <b>IRINI A. SCORDI-BELLO, MD</b>		
	Lic # <b>269344</b>		
DISPOSITION	Addr. <b>720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118</b>		
	Immediate Cause of Death <b>GUNSHOT WOUND OF HEAD</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee <b>SCOTT A. JOHNSTON</b> Lic # <b>6373</b>		
	Facility. <b>SLATTERY FUNERAL HOME, INC., MARLBOROUGH, MASSACHUSETTS</b>		
PERMIT	Disposition Type <b>CREMATION</b> Date of Disposition <b>OCTOBER 21, 2019</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>		
	Endorsements		
	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>046587</b>	Local Permit # <b>19-16</b>	
Date <b>OCTOBER 20, 2019</b>	Date <b>OCTOBER 21, 2019</b>		
CONFIRMATION	Name of Agent <b>JAMES F. HEGARTY</b>		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

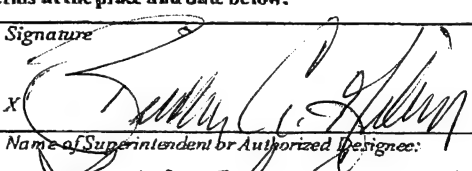
**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

72427

 0000395654 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL          OR TRANSPORTATION          PERMIT</b>		State File # 2019 034449 <b>RECEIVED</b> <b>TOWN CLERK'S OFFICE</b> <b>2019 OCT 23 A 11:33</b> <b>SOUTHBOROUGH, MA</b>	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>LABARRE, ANNETTE MARIE</b>				
	Place of Death <b>32 BOSTON ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>JULY 30, 2019</b>		Date of Birth <b>APRIL 18, 1937</b>		Sex <b>FEMALE</b>
	Residence <b>32 BOSTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____				
CERTIFIER	Certifier <b>EDYTA KONRAD, MD</b>				Lic # <b>157585</b>
	Addr. <b>320 BOLTON STREET, MARLBOROUGH, MASSACHUSETTS 01752</b>				
Immediate Cause of Death <b>CARDIAC ARREST</b>					
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>AUGUST 02, 2019</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>034449</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>AUGUST 01, 2019</b>		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY</b> <b>11 CONVENT ROAD, SOUTHBOROUGH, MA</b> <b>LOT 33 BOX 5A</b>			Signature 	
	Disposition Type <b>FINAL</b> <b>OF CREMATED REMAINS</b>	Date of Disposition <b>OCT 19, 2019</b>		Name of Superintendent or Authorized Designee: <b>BRIDGET H. GILMAN</b>	

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000414197

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2019 048601

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>BRODERICK , MARY DELIMA</b>		
	Place of Death <b>6 BLUEBERRY LANE, SOUTHBOROUGH, MA</b>		
	Date of Death <b>OCTOBER 25, 2019</b>	Date of Birth <b>MARCH 30, 1944</b>	Sex <b>FEMALE</b>
	Residence <b>6 BLUEBERRY LANE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____	Date Discharged (most recent) _____	Service Number(most recent) _____
	Certifier <b>WENDY J. PARKER, MD</b> Lic # <b>57399</b>		
	Addr. <b>307 W CENTRAL STREET, NATICK, MASSACHUSETTS 01760</b>		
DISPOSITION	Immediate Cause of Death <b>RENAL FAILURE</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee <b>JOHN A. MATARESE E, JR</b> Lic # <b>6664</b>		
	Facility. <b>MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., ASHLAND, MASSACHUSETTS</b>		
	Disposition Type <b>CREMATION</b> Date of Disposition <b>NOVEMBER 01, 2019</b>		
PERMIT	Place/Address <b>WOODLAWN NORTH PURCHASE CEMETERIES ASSOCIATION, 825 N MAIN STREET, ATTLEBORO, MASSACHUSETTS 02703</b>		
	Endorsements		
	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>048601</b>		Local Permit # <b>17</b>
	Date <b>OCTOBER 31, 2019</b>		Date <b>NOVEMBER 01, 2019</b>
		Name of Agent <b>JAMES F. HEGARTY</b>	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:


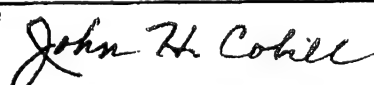
**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

73133

 0000417958 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2019 050576</b>
Information necessary for the Certificate of Death has been completed for:				
DECEDENT	Decedent Name <b>BORELLI, MARILYN J.</b>			
	Place of Death <b>25 WHITE BAGLEY ROAD, SOUTHBOROUGH, MA</b>			
	Date of Death <b>NOVEMBER 11, 2019</b>		Date of Birth <b>MARCH 06, 1937</b>	
	Residence <b>25 WHITE BAGLEY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>			
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>			
	Branch of military (most recent) —		Rank/organization/outfit (most recent) —	
	Date entered (most recent) —		Date Discharged (most recent) —	
	Service Number (most recent) —			
CERTIFIER	Certifier <b>MATTHIAS M NURNBERGER, MD</b>			
	Addr. <b>463 WORCESTER ROAD, FRAMINGHAM, MASSACHUSETTS 01701</b>			
	Immediate Cause of Death <b>CARDIAC ARREST</b>			
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
DISPOSITION	Funeral Licensee/Designee <b>NANCY G MORRIS</b>			
	Facility <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>			
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>NOVEMBER 13, 2019</b>	
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>			
Endorsements				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>	
	State Tracking # <b>050576</b>		Local Permit # <b>E-PERMIT</b>	
	Date <b>NOVEMBER 13, 2019</b>		Date — Name of Agent —	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01605		Signature 	
	Disposition Type <b>Cremation</b>	Date of Disposition <b>NOV 15 2019</b>	Name of Superintendent or Authorized Designee: <b>John H Cobill</b>	

#### Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000418884 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2019 051238</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	Decedent Name <b>MILNE , ALFRED D</b> Place of Death <b>185 CORDAVILLE ROAD, SOUTHBOROUGH, MA</b> Date of Death <b>NOVEMBER 15, 2019</b> Date of Birth <b>SEPTEMBER 17, 1946</b> Sex <b>MALE</b> Residence <b>310 BRESSETT ROAD, WILLIAMSTOWN, MASSACHUSETTS 01267</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>VIETNAM</b> Branch of military (most recent)      Rank/organization/outfit(most recent) <b>ARMY</b> <b>SP4</b> Date entered(most recent)      Date Discharged (most recent)      Service Number(most recent) <b>OCTOBER 11, 1967</b> <b>JULY 31, 1971</b> <b>11962477</b>				
	Certifier <b>ASHRAF ELKERM, MD</b> Lic # <b>81917</b> Addr. <b>370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453</b>				
	Immediate Cause of Death <b>METASTATIC ADENOCARCINOMA PANCREAS</b>				
	<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>				
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>JOHN A. MATARESE</b> Lic # <b>5276</b> Facility. <b>MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., ASHLAND, MASSACHUSETTS</b> Disposition Type <b>CREMATION</b> Date of Disposition <b>NOVEMBER 19, 2019</b> Place/Address <b>WOODLAWN NORTH PURCHASE CEMETERIES ASSOCIATION, 825 N MAIN STREET, ATTLEBORO, MASSACHUSETTS 02703</b>				
	<b>Endorsements</b>				
	<b>PERMIT</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>		
	Registry of Vital Records and Statistics State Tracking # <b>051238</b> Date <b>NOVEMBER 18, 2019</b>		Local Permit # <b>201920</b> Date <b>NOVEMBER 25, 2019</b> Name of Agent <b>JAMES F. HEGARTY</b>		
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address)		Signature		
			X		
Disposition Type		Date of Disposition	Name of Superintendent or Authorized Designee:		

#### Acceptance of Permit


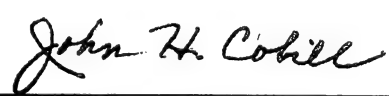
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After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



73315

				Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL          OR TRANSPORTATION          PERMIT</b>		State File # <b>2019 055377</b> OCME CASE # 2019-15665													
0000427135 Form R-309 07012014																			
<b>Information necessary for the Certificate of Death has been completed for:</b>																			
DECEASED	Decedent Name <b>TITUS , ROBERT H</b> Place of Death <b>4 MOORE ROAD, SOUTHBOROUGH, MA</b> Date of Death <b>DECEMBER 09, 2019</b> Date of Birth <b>JANUARY 09, 1957</b> Sex <b>MALE</b> Residence <b>4 MOORE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>																		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>																		
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____																		
	Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____																		
	Certifier <b>ANAND B. SHAH, MD</b> Lic # <b>263749</b> Addr. <b>720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118</b> Immediate Cause of Death <b>HANGING</b>																		
DISPOSITION	<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>																		
	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b> Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b> Disposition Type <b>CREMATION</b> Date of Disposition <b>DECEMBER 12, 2019</b> Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>																		
	<b>Endorsements</b>																		
	<table border="1"> <tr> <td rowspan="3" style="writing-mode: vertical-rl; transform: rotate(180deg);">PERMIT</td> <td colspan="2"> <b>Registry of Vital Records and Statistics</b> </td> <td colspan="2"> <b>Board of Health/Agent for: SOUTHBOROUGH</b> </td> </tr> <tr> <td colspan="2">         State Tracking # <b>055377</b> </td> <td colspan="2">         Local Permit # <b>E-PERMIT</b> </td> </tr> <tr> <td colspan="2">         Date <b>DECEMBER 11, 2019</b> </td> <td colspan="2">         Date _____          Name of Agent _____       </td> </tr> </table>							PERMIT	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>		State Tracking # <b>055377</b>		Local Permit # <b>E-PERMIT</b>		Date <b>DECEMBER 11, 2019</b>		Date _____ Name of Agent _____
PERMIT	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>																
	State Tracking # <b>055377</b>		Local Permit # <b>E-PERMIT</b>																
	Date <b>DECEMBER 11, 2019</b>		Date _____ Name of Agent _____																
CONFIRMATION	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>																		
	Place of Disposition (Facility Name and Address) <div style="text-align: center;"> <b>Rural Cemetery</b>  <b>180 Grove Street</b>  <b>Worcester, MA 01605</b> </div>				Signature <div style="text-align: center;"> X       </div>														
	Disposition Type <b>Cremation</b>		Date of Disposition <b>DEC 12 2019</b>		Name of Superintendent or Authorized Designee: <b>John H Cobill</b>														

### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000427135

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2019 055377

OCME CASE # 2019-15665

Information necessary for the Certificate of Death has been completed for:

<b>DECEDENT</b>	Decedent Name <b>TITUS , ROBERT H</b>									
	Place of Death <b>4 MOORE ROAD, SOUTHBOROUGH, MA</b>									
	Date of Death <b>DECEMBER 09, 2019</b>	Date of Birth <b>JANUARY 09, 1957</b>	Sex <b>MALE</b>							
	Residence <b>4 MOORE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>									
<b>CERTIFIER</b>	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>									
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____									
	Date entered(most recent) _____	Date Discharged (most recent) _____	Service Number(most recent) _____							
	Certifier <b>ANAND B. SHAH, MD</b> Lic # <b>263749</b>									
	Addr. <b>720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118</b>									
<b>DISPOSITION</b>	Immediate Cause of Death <b>HANGING</b>									
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:									
	Funeral Licensee/ Designee <b>NANCYG MORRIS</b> Lic # <b>50277</b>									
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>									
<b>PERMIT</b>	Disposition Type <b>CREMATION</b> Date of Disposition <b>DECEMBER 12, 2019</b>									
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>									
	Endorsements									
	<table border="1"> <tr> <td><b>Registry of Vital Records and Statistics</b></td> <td><b>Board of Health/Agent for: SOUTHBOROUGH</b></td> </tr> <tr> <td>State Tracking # <b>055377</b></td> <td>Local Permit # <b>12/12/2019</b></td> </tr> <tr> <td>Date <b>DECEMBER 11, 2019</b></td> <td>Date <b>DECEMBER 12, 2019</b></td> </tr> <tr> <td></td> <td>Name of Agent <b>JAMES F. HEGARTY</b></td> </tr> </table>			<b>Registry of Vital Records and Statistics</b>	<b>Board of Health/Agent for: SOUTHBOROUGH</b>	State Tracking # <b>055377</b>	Local Permit # <b>12/12/2019</b>	Date <b>DECEMBER 11, 2019</b>	Date <b>DECEMBER 12, 2019</b>	
<b>Registry of Vital Records and Statistics</b>	<b>Board of Health/Agent for: SOUTHBOROUGH</b>									
State Tracking # <b>055377</b>	Local Permit # <b>12/12/2019</b>									
Date <b>DECEMBER 11, 2019</b>	Date <b>DECEMBER 12, 2019</b>									
	Name of Agent <b>JAMES F. HEGARTY</b>									
<b>CONFIRMATION</b>	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:									
	Place of Disposition (Facility Name and Address)		Signature  <b>X</b>							
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:							



**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

73502

 0000431750 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2019 059139</b>	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>POPE , CAROLYN MARY</b>				
	Place of Death <b>SOUTHBRIDGE REHAB AND HEALTH CARE, SOUTHBRIDGE, MA</b>				
	Date of Death <b>DECEMBER 30, 2019</b>		Date of Birth <b>JULY 27, 1934</b>		Sex <b>FEMALE</b>
	Residence <b>4 CONESTOGA TRAIL, BROOKFIELD, MASSACHUSETTS 01506</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____				
	Date entered(most recent) _____		Date Discharged (most recent) _____		Service Number(most recent) _____
	Certifier <b>PETER J. DAIN, MD</b> Lic # <b>155744</b>				
	Addr. <b>819 WORCESTER STREET, SUITE 3, SPRINGFIELD, MASSACHUSETTS 01151</b>				
	Immediate Cause of Death <b>LIVER FAILURE</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee <b>ALEXANDER I ACHER</b> Lic # <b>51090</b>				
	Facility. <b>TIGHE-HAMILTON FUNERAL HOME, INC., HUDSON, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>JANUARY 02, 2020</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBRIDGE</b>		
	State Tracking # <b>059139</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>JANUARY 03, 2020</b>		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address)  <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b>		Signature  <b>X John H. Cobill</b>		
	Disposition Type <b>Cremation</b>	Date of Disposition <b>JAN 06 2020</b>	Name of Superintendent or Authorized Designee: <b>John H Cobill</b>		

#### Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000419040

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2019 051133

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>SHIFRIN , BRIAN G</b>		
	Place of Death <b>79 OAK HILL ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>NOVEMBER 16, 2019</b>	Date of Birth <b>MAY 28, 1976</b>	Sex <b>MALE</b>
	Residence <b>79 OAK HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent)		Rank/organization/outfit(most recent)
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)
	Certifier <b>MICHOL S. NEGRON, DO</b> Lic # <b>260794</b>		
	Addr. <b>20 BURLINGTON ROAD, SUITE 450, BURLINGTON, MASSACHUSETTS 01803</b>		
DISPOSITION	Immediate Cause of Death <b>AMYOTROPHIC LATERAL SCLEROSIS</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>		
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
PERMIT	Disposition Type <b>BURIAL</b>		Date of Disposition <b>NOVEMBER 18, 2019</b>
	Place/Address <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	<b>Endorsements</b>		
	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
CONFIRMATION	State Tracking # <b>051133</b>		Local Permit # <b>E-PERMIT</b>
	Date <b>NOVEMBER 17, 2019</b>		Date —
			Name of Agent —
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY 11 CORDAVILLE RD SOUTHBOROUGH, MA S.O. M. BUA 159</b>		Signature 
	Disposition Type <b>FULL EARTH BURIAL</b>	Date of Disposition <b>Nov. 18, 2019</b>	Name of Superintendent or Authorized Designee: <b>BUDGET A. GILLEEN</b>

**Acceptance of Permit**

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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0000411624

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2019 046587

OCME CASE # 2019-12900

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	FOSTER, WALTER M		
	Place of Death	3 ASPENWOOD LANE, SOUTHBOROUGH, MA		
	Date of Death	OCTOBER 11, 2019	Date of Birth	OCTOBER 10, 1949
	Sex	MALE		
	Residence	3 ASPENWOOD LANE, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
	Branch of military (most recent)	Rank/organization/outfit (most recent)		
	Date entered (most recent)	Date Discharged (most recent)	Service Number (most recent)	
	Certifier	IRINI A. SCORDI-BELLO, MD		
	Addr.	720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118		
	Immediate Cause of Death	GUNSHOT WOUND OF HEAD		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee	SCOTT A. JOHNSTON	Lic # 6373
	Facility	SLATTERY FUNERAL HOME, INC., MARLBOROUGH, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition
	Place/Address	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH	
	State Tracking #	046587	Local Permit #	E-PERMIT
	Date	OCTOBER 20, 2019	Name of Agent	---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)	Signature	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

Place of Disposition: RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MA  
 Disposition Type: CREMATION  
 Date of Disposition: OCTOBER 15, 2019  
 Signature: [Handwritten Signature]  
 Name of Superintendent or Authorized Designee: BRIDGET A. GILLEY

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000417958

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2019 050576

Information necessary for the Certificate of Death has been completed for:



DECEDENT	Decedent Name <b>BORELLI , MARILYN J.</b>		
	Place of Death <b>25 WHITE BAGLEY ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>NOVEMBER 11, 2019</b>	Date of Birth <b>MARCH 06, 1937</b>	Sex <b>FEMALE</b>
	Residence <b>25 WHITE BAGLEY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) —		Rank/organization/outfit(most recent) —
	Date entered(most recent) —	Date Discharged (most recent) —	Service Number(most recent) —
	Certifier <b>MATTHIAS M NURNBERGER, MD</b>		Lic # <b>154538</b>
	Addr. <b>463 WORCESTER ROAD, FRAMINGHAM, MASSACHUSETTS 01701</b>		
DISPOSITION	Immediate Cause of Death <b>CARDIAC ARREST</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee <b>NANCY G MORRIS</b>		Lic # <b>50277</b>
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>NOVEMBER 13, 2019</b>
PERMIT	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>		
	Endorsements		
	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>050576</b>		Local Permit # <b>E-PERMIT</b>
	Date <b>NOVEMBER 13, 2019</b>		Date — Name of Agent —
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY 11 CORDVILLE RD. SOUTHBOROUGH, MA SEC. A-250, LOT 24, SUB. 1A</b>		Signature <b>X [Signature]</b>
	Disposition Type <b>CREMATION OF INCURATED REMAINS</b>	Date of Disposition <b>NOVEMBER 19, 2019</b>	Name of Superintendent or Authorized Designee <b>BUDGET R. GREENE</b>

**Acceptance of Permit**

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After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000502560 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL          OR TRANSPORTATION          PERMIT</b>		State File # <b>2020 054432</b>	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>LAWRENCE , CAROL ---</b>				
	Place of Death <b>5 UPLAND ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>OCTOBER 13, 2020</b>		Date of Birth <b>JULY 03, 1930</b>		Sex <b>FEMALE</b>
	Residence <b>5 UPLAND ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) <b>---</b> Rank/organization/outfit (most recent) <b>---</b> Date entered (most recent) <b>---</b> Date Discharged (most recent) <b>---</b> Service Number (most recent) <b>---</b>				
CERTIFIER	Certifier <b>ALI TIRMIZI, MD</b> Lic # <b>213040</b>				
	Addr. <b>978 WORCESTER STREET, WELLESLEY, MASSACHUSETTS 02482</b>				
	Immediate Cause of Death <b>CARDIOPULMONARY ARREST</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee <b>DAVID A CASPER</b> Lic # <b>6562</b>				
	Facility. <b>CASPER FUNERAL AND CREMATION SERVICES, BOSTON, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>OCTOBER 19, 2020</b>		
	Place/Address <b>BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>054432</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>OCTOBER 19, 2020</b>		Date <b>---</b> Name of Agent <b>---</b>		
ATTENTION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address)			Signature	




CEMETERY AND CREMATORY

 Carol Lawrence  
 20-10273

 Date/Time of Death: 10/13/2020 9:00 am  
 Date/Time of Cremation: 10/20/2020 11:47 am  
 Casper Funeral Home & Cremation Services  
 Boston

Entrusted to Our Care

  
 Gerald M. Ridge, Jr., President  
**Blue Hill Cemetery and Crematory**  
 700 West Street, Braintree, MA 02184
